MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

391.1
108

0509

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crellin, Md.
LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crellin, Maryland.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sylvia (Middle) Irene (Last) DeWitt.

4. DATE OF DEATH (Month) January (Day) 13 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH April 12/22

9. AGE last birthday 26 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Crellin, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John T. DeWitt.

14. MOTHER'S MAIDEN NAME Rebecca Thomas/

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mr. John T. DeWitt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Chronic Purulent Otitis media

INTERVAL BETWEEN ONSET AND DEATH: 3 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 13, 1949, to Jan 13, 1949, that I last saw the deceased alive on Jan 13, 1949, and that death occurred at 11:45P m., from the causes and on the date stated above.

SIGNATURE E. L. Baum Gartner (Degree or title) M D ADDRESS 25 Reder St Oakland Md DATE SIGNED 1/15/49

23. BURIAL, CREMATION REMOVAL, (Specify) Burial

DATE Jan 16/49

NAME OF CEMETERY OR CREMATORY Hoyes Cemetery.

LOCATION (City, town, or county) (State) Hoyes, Md.

DATE REC'D BY LOCAL REG. 1-15-49

REGISTRAR'S SIGNATURE Julia T Rowan

24. FUNERAL DIRECTOR Emroy D. Bolden, Oakland Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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Miss Julia.
Doctor is out of Town.

RECEIVED
FEB 15 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0510

592
131a

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH
COUNTY: GARRETT — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (RURAL) FRIENDSVILLE
LENGTH OF STAY (In this place): Approx. 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (RURAL) FRIENDSVILLE
STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	F.	DYE	JAN	23	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	JAN. 23, 1873	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RAILROAD ENGINEER	RAILROAD IND.	Clearfield County, Penna.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert A. Dye	MARY SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	NONE	—	Urald Dye, Cherry Tree, R. 2, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chr. Endocarditis	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Interstitial Nephritis Edema	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostitis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 10, 1949, to Jan 23, 1949 that I last saw the deceased alive on Jan. 21, 1949 and that death occurred at 10:25 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. B. Messamore	M.D.	Addison - Pa	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	JAN. 26, 1949	Blooming Rose Cemetery	FRIENDSVILLE (R.D.)	MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 26 1949	Mrs. Kathryn Fike.	W. H. Rodahaver	Markleysburg, Pa.

RECEIVED
FEB 1 1949
BUREAU T. S.

0511

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

421.1 / 92a

Reg. Dist. No. 161

1. PLACE OF DEATH: COUNTY Garrette MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Selbysport
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Garrette COUNTY Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Selbysport
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Susana (Middle) (Last) Friend

4. DATE OF DEATH (Month) 1 (Day) 29 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH May 5-1860

9. AGE last birthday 88 yrs. If under 1 year Months 8 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Sandspring, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Fike

14. MOTHER'S MAIDEN NAME Marie Anne Spencer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Martin Friend

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Aortic Regurgitation	
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility	
	(c) Complete Exhaustion	✓

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/11/, 1949, to 1/29/, 1949 that I last saw the deceased alive on 1/21/, 1949, and that death occurred at 9 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. B. Messmore M.D. ADDRESS Addison - Pa DATE SIGNED

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~ DATE Jan. 31-49 NAME OF CEMETERY OR CREMATORY Friendsville LOCATION (City, town, or county) Friendsville Md (State)

DATE REC'D BY LOCAL REG. Jan 31-1949 REGISTRAR'S SIGNATURE Kathryn Fike.

24. FUNERAL DIRECTOR H. H. Savage ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 3 1949
BUREAU T. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS-A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0512

331

CERTIFICATE OF DEATH

83a Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY Garett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jennings
LENGTH OF STAY (in this place) 50 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jennings
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lydia (Middle) Virginia (Last) Hare

4. DATE OF DEATH (Month) January (Day) 27 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH April-2-1871

9. AGE last birthday 77 yrs. If under 1 year: Months 9, Days 25; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Rural Jennings

12. CITIZEN OF WHAT COUNTRY? Garett

13. FATHER'S NAME John Hare

14. MOTHER'S MAIDEN NAME Mary Ann Durst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT George Hare

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1948, to Jan 27, 1949, that I last saw the deceased alive on Jan 26, 1949, and that death occurred at 6 a m. from the causes and on the date stated above.

SIGNATURE (Degree or title) N. R. Davis M.D. ADDRESS Grantsville Md DATE SIGNED Jan 27 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 1-30-1949

NAME OF CEMETERY OR CREMATORY Tommy Bittinger

LOCATION (City, town, or county) Rural Jennings (State) Md

DATE REC'D BY LOCAL REG. 1-28-49

REGISTRAR'S SIGNATURE Ethel Broadwater

24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville Md

RECEIVED
JAN 31 1949
BUREAU V. S.

0513

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

~~450.0~~ 932.8

190 Reg. Dist. No. 8 162

1. PLACE OF DEATH· COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) —	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonacoring
HOSPITAL OR INSTITUTION OR STREET ADDRESS None	STREET ADDRESS (If rural give location) Dudley

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Thompson (Last) McCormick		4. DATE OF DEATH (Month) Jan (Day) 25 (Year) 1949	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Jan. 9, 1872
9. AGE last birthday 77 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining	10b. KIND OF BUSINESS OR INDUSTRY Coal Mining	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S
13. FATHER'S NAME Alex McCormick		14. MOTHER'S MAIDEN NAME Jean Thompson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —	16. SOCIAL SECURITY NO. 216-05-5769	17. INFORMANT Mrs. George McCormick	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Exposure to excessive cold

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio sclerosis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Woods near | (CITY OR TOWN) Lonacoring | (COUNTY) Garrett | (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 25-1949 m. | INJURY OCCURRED While at Work ☐ Not While At work ☑ | HOW DID INJURY OCCUR? Wandered away became lost in woods

22. I hereby certify that I attended the deceased from Exam 19 to after death, that I last saw the deceased alive on ....., 19....., and that death occurred at not known m., from the causes and on the date stated above.

SIGNATURE Ed. Baumgartner (Degree or title) MD Deptg. Med. Exam. ADDRESS Oakland Md DATE SIGNED 2/27/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb 28, 1949	Allegany Cemetery	Frostburg	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 4 1949	Jannette M Boal	M. Eichhorn	Lonacoring, Md

Ethel Broadwater

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0514

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Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland
STREET ADDRESS (If rural, give location) 5 Miles South Oakland.

3. NAME OF DECEASED (Type or Print): (First) Katie (Middle) Marie (Last) Petersheim

4. DATE OF DEATH: (Month) Jan. (Day) 12 (Year) 1949

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH: 10-29-1948

9. AGE last birthday: yrs. If under 1 year: Months. 2 Days 17 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Md-Oakland RD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Floyd Ervin Petersheim

14. MOTHER'S MAIDEN NAME: Mary D. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Peritonitis - Cause undetermined	36 hrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Jan, 1949, to 12 Jan., 1949, that I last saw the deceased alive on 12 Jan., 1949, and that death occurred at 8:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. E. Mann M.D. ADDRESS Oakland Md DATE SIGNED 13 Jan 49

23. BURIAL, CREMATION REMOVAL (Specify) DATE 1-13-49 NAME OF CEMETERY OR CREMATORY Mt. Lorene Md LOCATION (City, town, or county) (State) Mt. Lorene Garrett Md

DATE REC'D BY LOCAL REG. 1-13-49 REGISTRAR'S SIGNATURE Julia A. Rowan

24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland Md

VS. A15

JAN 26 1949
BUREAU U. S.